

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Eun Sam KimSerial No: 09/922,818
Filed: August 6, 2001
For: METHOD FOR EDITING PROGRAM IN
DIGITAL BROADCASTING RECEIVERArt Unit: 2621
Examiner: Helen Shibru
Conf. No.: 8857Mail Stop AF
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450Sir:
Transmitted herewith is a SUPPLEMENTAL AMENDMENT in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☒ A petition for extension of time for 3 month(s) is enclosed.
- ☐ An information disclosure statement in accordance with 37 CFR 1.56 and 1.97 is enclosed.
- ☐ Formal drawings (Figs.) are enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	20	**	4	LG=\$50 SM=\$25	\$50 \$ 200
INDEPENDENT CLAIMS FEE	5	-	3	***	2	LG=\$200 SM=\$100	\$200 \$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
						TOTAL	\$ 600

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

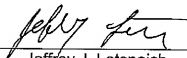
- ☒ Please apply the excess claim fee in the amount of \$ 600 to Deposit Account No. 50229.
- ☒ Please apply the extension fee of \$ 1,020 to Deposit Account No. 502290.
- ☐ Please apply the RCE filing fee of \$ _____ to Deposit Account No. 502290.
- ☐ Please apply the IDS filing fee in the amount of \$ _____ to Deposit Account No. 502290.
- ☐ Please apply the petition fee in the amount of \$ _____ to Deposit Account No. 502290.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502290.
 - ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Lee, Hong, Degerman, Kang & Schmadeka

Date: October 17, 2006

By: _____


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